Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2089AGC	A. BUILDING _____ B. WING _____	C 06/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PLAZA AT SUN MOUNTAIN	6031 WEST CHYENNE AVE LAS VEGAS, NV 89108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility on 6/8/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. Complaint #NV00022181 was substantiated. See Tag Y878.	Y 000		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 6/8/09, the facility failed to ensure that 1 of X residents received medications as prescribed (Resident	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	Continued From page 1 #1). Findings include: Resident #1 was prescribed Metformin ER 500 milligram (mg), two tablets before dinner for lowering blood sugar. The facility attempted to contact the resident's son in April of 2009 for him to fill the medication order. The son did not respond and the facility obtained the resident's medication on 5/1/09. The administrator reported the facility would provide medication assistance for the resident and ensure she received the Metformin as of 5/1/09. On 5/6/09, it was determined the medication technician's were not aware the resident was to receive assistance with her medication and that the resident had not received her Metformin from 5/1/09 through 5/5/09, five doses. The administrator was consulted and she instructed the medication technicians to administer Resident #1 her Metformin as prescribed. The resident began receiving her medication on 5/6/09. Severity: 3 Scope: 1	Y 878		